



Medical Expense Tracking

Child's Name: _____ DOB: _____

Family Yearly Income: _____ Out of pocket medical expenses: _____

IFSP year: _____ EI Forms 1701, 1702, and 1703 Attached with IFSP Y N

Receipt Number	Date Payment Made	Service Payment was for	Amount of Medical expense	Amount Paid by you	Cumulative amount paid by you



Medical Expense Tracking

Receipt Number	Date Payment Made	Service Payment was for	Amount of Medical expense	Amount Paid by you	Cumulative amount paid by you

FOR PROGRAM USE ONLY:
Out of pocket medical expense met: Yes ____ No _____
Dept. 's Authorized initials: _____